



# Form OR-1 Uniform Oil Response and Prevention Fee

Massachusetts  
Department of  
Revenue

## For the month of

Name of licensee		Federal Identification number	
Street address	City/Town	State	Zip
License number		Telephone	
Address where records are kept (If different from above)		City/Town	State Zip

## Petroleum Product (from Schedule A)

	Number of barrels received
1 Gasoline. . . . .	1
2 Diesel. . . . .	2
3 Number 2 fuel oil . . . . .	3
4 Number 4 fuel oil . . . . .	4
5 Number 6 fuel oil . . . . .	5
6 Kerosene . . . . .	6
7 Aviation jet fuel. . . . .	7
8 Aviation gas . . . . .	8
9 Other (attach statement) . . . . .	9
10 Total barrels. Add lines 1 through 9. . . . .	10

## Tax Computation

	Barrels	Barrels	Amount
11 Intrastate transfers (from Schedule B). . . . .	11		
12 Foreign Trade Zone deliveries (from Schedule B) . . . . .	12		
13 Total deductions. Add lines 11 and 12. . . . .	13		
14 Net barrels. Subtract line 13 from line 10 . . . . .	14		
15 Total fee due. Multiply line 14 $\times$ .02 per barrel . . . . .	15		

## Declaration

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has knowledge.

Authorized signature	Title (owner, etc.)	Date
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Return must be filed not later than the 30th day of the month following the month for which this return is made. Make check payable to the Commonwealth of Massachusetts. Mail to: Massachusetts Department of Revenue, PO Box 7008, Boston, MA 02204.

**Schedule A. Receipts of Petroleum Products at a Marine Terminal  
Within Massachusetts**

Date received	Name of vessel	Origin of product	Name of Massachusetts terminal shipped to	Type of product	Number of barrels
Total.....					

**Schedule B. Exempt Transactions of Petroleum Products**

Date received	Name and address of recipient	Exemption type		Type of product	Number of barrels
		Intrastate transfer	F.T.Z.		
Total.....					